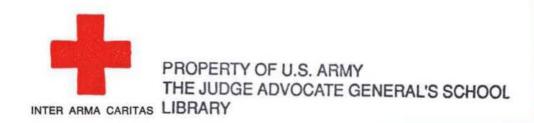
international review of the red cross



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INTERNATIONAL REVIEW OF THE RED CROSS

SEPTEMBER 1972 - No. 138

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SIGNALLING AND IDENTIFICATION OF MEDICAL PERSONNEL AND MATERIAL

by F. de Mulinen

At its second session, which it held in Geneva in May 1972, the Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts (Commission I) prepared draft articles on medical air transport and an annex relating to their signalling and identification, which were to be embodied in a future legal instrument. The Commission also recommended that a closer study be made of medical transport at sea and on land. If these suggestions were to lead to a draft instrument, it would be imperative to have a general plan which, in the case of signalling, would extend to all medical personnel and material, whether civilian or military.

Moreover, as the solutions put forward for medical air transport have given rise to a number of objections, it seems advisable to survey the whole problem.

I. Situation in the light of the Geneva Conventions

The Geneva Conventions of 12 August 1949 provide the distinctive emblem of the red cross or its equivalents—the red crescent and the red lion and sun—as a general means of identifying medical personnel and material. In addition, the Second Convention

¹ Report on the Work of the Conference, Geneva 1972, Volume I, Report of Commission I, pp. 31-60.

² The term "material" includes medical buildings, installations, transports, equipment and stores.

requires that the exterior surfaces of hospital ships and other medical craft shall be white, and recommends that the Parties to the conflict use "the most modern methods available" to facilitate identification of those maritime medical transports (Article 43).

It also recommended that the Parties to the conflict should provide their medical aircraft "with any other markings or means of identification" (First Convention, Article 36, and Second Convention, Article 39).

Lastly, to facilitate timely identification, the Conventions lay down that the adversaries shall notify one another or even reach agreement. The names and descriptions of hospital ships shall be notified to the Parties to the conflict ten days before those ships are employed (Second Convention, Article 22). The heights, times and routes of medical aircraft may in certain cases be agreed upon (First Convention, Article 36, and Second Convention, Article 39).

The identification of medical personnel and material is thus based on the distinctive emblem, other means being of a purely complementary nature to facilitate identification. Rules on the distinctive emblem are thus necessarily the basis of any signalling and identification system.

The right to protection lies in the nature of persons and things or in the manner in which they are employed. It exists regardless of any distinctive emblem. It is only "the visible sign of the protection accorded to persons or things".³

While signalling alone does not afford protection, it is nevertheless essential for effective protection. This virtually constitutive quality of protection has given rise to the term "protective sign", which is often used for the sake of brevity and in contrast to the purely indicatory sign. As its name indicates, the latter merely shows the existence of a link with an institution. It cannot establish or illustrate any right to protection. The distinction between the virtually protective sign and the indicatory sign is due to the increasingly widespread use of the red cross emblem beyond the compass of those entitled to protection. As regards the signalling of medical personnel and material, the expression "distinctive' emblem" is used solely in the meaning of "protective sign".

³ Jean S. Pictet, Commentary on the Geneva Conventions of 12 August 1949, Geneva 1952-1959, Volume I, p. 324.

Distinctive emblems may not be displayed without the authorization of the State or of a State authority. Article 39 of the First Convention reads thus: "Under the direction of the competent military authority, the emblem shall be displayed on the flags, armlets and on all equipment employed in the Medical Service". The same provision is embodied in Article 41 of the Second Convention. The Fourth Convention contains a similar provision regarding recognized civilian hospitals (Article 18) and their personnel (Article 20) and medical transports (Articles 21 and 22). In the case of the Fourth Convention, naturally the point at issue is not control by a competent military authority. Hence the general concept "authorized by the State".

The State or, by the delegation of its competency, the military command therefore "controls the emblem" 4 and is free to permit or prohibit the use of the distinctive emblem. It may even prohibit its use entirely without thereby violating the Conventions. In that event, actual protection would obviously be very small.

* *

As the distinctive emblem must be the visible sign of the right to protection, it must be truly visible in so far as its use is permitted. The Conventions, however, lay down very few precise requirements. In the military medical sphere, "Parties to the conflict shall take the necessary steps, in so far as military considerations permit, to make the distinctive emblem indicating medical units and establishments clearly visible to the enemy land, air or naval forces, in order to obviate the possibility of any hostile action" (First Convention, Article 42). The same system applies to civilian hospitals (Fourth Convention, Article 18) and to hospital ships, on which "a white flag with a red cross shall be flow at the mainmast as high as possible" (Second Convention, Article 43). Medical personnel are merely required to wear an armlet affixed to

⁴ Pictet, op. cit., p. 308.

the left arm (First Convention, Article 40; Second Convention, Article 42, and Fourth Convention, Article 20).⁵

As regards the signalling of medical transports, aircraft "shall bear, clearly marked, the distinctive emblem ... on their lower, upper and lateral surfaces" (First Convention, Article 36, and Second Convention, Article 39), and naval transports shall have the same treatment as hospital ships (Second Convention, Article 43), while nothing is specified with regard to land transports.

The Conventions make no reference to the colour or luminousness of the emblem, apart from the requirement regarding dark red crosses on hospital ships and other medical craft, and the recommendation relating to measures to render their distinctive emblems "sufficiently apparent by night and in times of reduced visibility" (Second Convention, Article 43).

II. Present use of the distinctive emblem

In a general way, the authority controlling the emblem widely permits the use of the distinctive emblem by civilian hospitals, but imposes considerable restrictions with regard to the camouflaging of tactical positions and activities, as the presence of more or less considerable medical installations makes it possible to estimate the size and the location of the means of combat. It is general practice that camouflage requirements and military restrictions on the use of the emblem go hand in hand. Near the front they are strict, but they are less severe towards the rear. Thus, minor aid posts and the aid stations near the frontline are marked by small panels visible only at a short distance from the ground, while larger and more numerous signs, visible for flyers and land combatants alike, are used to mark large hospitals in rear areas.

The minimum marking of an aid post in the midst of the battle area, in a cellar or under small cover, should give approaching patrols or assault squads timely notice of the immunity of the place, namely before the attackers enter, open fire with their individual portable arms or throw grenades.

⁵ The First Convention goes so far as to provide for two different armlets, a normal armlet for permanent medical personnel and "a white armlet bearing in its centre the distinctive sign in miniature" for temporary medical personnel (Article 41).

A rear hospital, on the other hand, must be protected not only against light infantry weapons, but against the fire of long-range armament such as used by aviation and artillery.

This practice, which is in keeping with tactical requirements and which might at first sight appear to be discriminative, generally answers the differing needs of protection. In addition to the staff and a considerable medical infrastructure, the large rear hospitals usually hold a great many patients, while the aid post, organized by small units and serving as a place for collection, pre-medical care and expected evacuation, is often empty.

* *

The distinctive emblem should therefore be duly distinguishable in adequate time and at suitable distances. To ascertain the practical value of the existing rules on the use of the distinctive emblem, in March 1972 the International Committee of the Red Cross carried out tests in co-operation with the Swiss Army, and the tests were repeated in a demonstration held for the technical experts assembled in Geneva in May 1972 for the Conference of Government Experts. The tests yielded the following results:

An armlet worn on the left arm is visible at a distance of 50 m only if clean and smooth and if the wearer is standing with his left side to the observer. Again, it is not sufficient to place any panel on transports or installations such as buildings or tents. An unduly small distinctive emblem creates dangerous illusions. To be really useful, the emblem should be visible at first glance, as soon as its bearer comes into sight and whatever the distance and the mode of observation.

It is therefore advisable to adapt the emblem to the size of the bearer. A man can have it on his chest and his back or on an outer garment across his body. In the case of a lorry, the emblem should be painted or affixed on the full height of the loading-

⁶ The term "patient" covers the wounded and the sick. It also comprises persons rescued from shipwreck if wounded or sick.

⁷ In the circumstances, it is unrealistic to believe there can be a distinction between the usual armlet and the armlet bearing "the distinctive sign in miniature" for temporary medical personnel.

platform tarpaulin, and not only on the cover of the motor. This also applies to medical tents and buildings. Lastly, an attempt should be made to render the emblem visible from any angle. It should therefore be placed on the various surfaces of the persons or things entitled to protection.

The white surface of the distinctive emblem should also show up well against the colour of the wearer's clothing. To this end, and particularly in the case of a small distinctive emblem, it is preferable that the bearer's clothing shall be uniform in colour rather than variegated for camouflage purposes.

Whatever the size of the emblem, the total white and red surfaces should not differ too greatly from one another. An unduly small red cross on an unduly large white ground is, so to speak, "swallowed up" by the white. This is particularly noticeable in the case of helmets and armlets, where the cross is necessarily rather small in relation to the white ground. Still from the standpoint of surface, the red cross is to be preferred to the red crescent, especially when the outline is very thin, as is usually the case. Of the three distinctive emblems, the red lion and sun seems to offer the best balance between red and white.

Ordinary paint is sufficient by day. On the other hand, at dusk or dawn and especially at night, only a reflecting coating is visible at a distance. A fluorescent coating, which is too bright by day, is particularly visible at dusk. At night, the reflectorized coating throws back the light of an ordinary torch at 500 m. The image is visible to the naked eye at more than 200 m.

III. Requirements of modern armed conflicts

The increased motorization and mechanization of the means of combat, and in the first place the advance of aviation, have lent considerable impetus to the range of the weapons, the rapidity with which they can be brought into action, and the speed of their vectors, so that the timely recognition of medical personnel and material carrying the distinctive emblem is becoming increasingly difficult. The recent development of light aviation, which makes it possible to pick up the wounded in the battle area, whether land or sea, and to convey them quickly to places where medical treatment

is given, poses similar problems. The visibility of the distinctive emblem can certainly be improved. Modern chemical research, particularly when geared to the prevention of traffic accidents, should allow a combined reflecting, fluorescent and reflectorized coating in order to ensure sufficient visibility by day, at night and under adverse meteorological conditions.

Yet a material improvement of the distinctive emblem is not enough. The recommendation contained in Article 43 of the Second Convention, relating to medical service at sea, should be developed and generalized, and more modern identification methods should be used on land and in the air alike.

Modern technology offers many possibilities in this respect, e.g. in the fields of telecommunication and of sea and air navigation control and safety. The proper functioning of those means, however, is often linked with normal operation in time of peace, while the signalling and identification of medical transports must be carried out in case of armed conflict, and more particularly in combat areas.

What holds good at normal times does not necessarily hold good in times of armed conflict. It is therefore advisable to consider modern signalling and identification methods, those called "distinctive signals" as opposed to "distinctive emblems", by a pragmatic approach based on tactics of medical transport and treatment and on the data regarding combat zones.

The approach should be broad and should allow of solutions applicable not only on land, which are no doubt the most frequent, but *mutatis mutandis* also at sea and in the air. One need only picture a battle area on the coast or in an archipelago, where there are civilian hospitals and medical personnel and material of the land, sea and air forces. In the case of medical aircraft and their crew, besides the air force they may even belong to the naval air arm or to the army aviation. It is easy to imagine the chaos which would ensue if signalling and identification systems differed too greatly or perhaps even conflicted with one another.

* *

Medical tactics must be based on a typical and complete sampling of all bodies entitled to use the distinctive emblem and able to care for the patient, from first aid to final treatment.

While the Fourth Convention grants only recognized civilian hospitals the right to the emblem, all military medical services enjoy that right. Of the three armed forces' medical services, only that of the army is complete and comprises all medical activities and operations. The right to the distinctive emblem is granted to:

- (a) treatment places (in a broad sense including the sorting): aid post, aid station, dressing station, field hospital, rear hospital; 8
- (b) medical transports or vehicles for evacuation;
- (c) medical equipment and medicaments, in actual fact mainly their warehouses, and vehicles attached to treatment places and warehouses;
- (d) medical personnel.

This list is sufficient as regards signalling requirements. A civilian hospital may, according to its size, be equivalent to a field hospital or a rear hospital. At sea, a hospital ship is also covered by the two concepts of field hospital and rear hospital. It is a mobile treatment place rather than a means of transport, unlike the smaller craft used solely for evacuation purposes. What distinguishes the hospital ship from the mobile land hospital, which moves on land or in the air, is the fact that it can work at full capacity even when moving from one place to another. Sick-bays on warships, according to the size of the ship, are equivalent to an aid station or a small hospital. Lastly, in the air, there are only means of transport; the fact that emergency or provisional treatment may at times be given in medical aircraft does not change their character as a means of transport; the same phenomenon exists, naturally on a smaller scale, in the case of land ambulances.

* *

⁸ Another term frequently used for describing a dressing station is "clearing station", and for field hospital "evacuation hospital".

⁹ The future air hospital, still in the blueprint stage, would be equivalent to the hospital ship.

As regards the data on the "combat zone", Commission I adopted several terms used in military terminology. While the fact that they are introduced into an instrument of humanitarian law may be surprising, this has proved necessary in order to delimit in space different legal situations.

First, there is a distinction to be drawn between territories "under the control of friendly forces" (or of the friendly Party) and "territory under the control of enemy forces" (or of the adverse Party). The word "control" must be rid of any legal meaning. The point at issue is not a State's sovereignty over its territory, but de facto domination which, in a situation of armed conflict, may be solely due to military supremacy and which does not take into account borders and limits and the attendant sovereign rights. To show that this system is also applicable at sea, regardless of any legal concepts such as high sea or territorial waters, the word "territory" might well be completed by "waters", and the term "territory and waters under control..." might be used.

Commission I defined battle area as "an area where opposing ground forces are in hostile contact with each other". This refers to the portion of terrain adjoining enemy positions and where the first elements of infantry and armour are engaged. To include the sea in the definition of battle area, one might say "land or naval forces". On the enemy side, the battle area is not delimited by a continuous frontline formed by combatants facing one another. Either side has its small positions, strongholds organized for more or less all-round defence, and patrol activity. Moreover, there are often imbricate or confused situations arising from current action or a succession of local attacks or counter-attacks. These latter portions of terrain are regarded as "area where control is not clear".

The Commission distinguished between two parts of the battle area. In the "forward part" are to be found units in direct contact with the enemy. There is little freedom of movement; the forces are exposed to direct enemy vision and hence to direct firing. In the "rear part" of the battle area are the units belonging to the second echelon and the reserve units of the troops in hostile contact.

¹⁰ Draft Articles 25 and 26 (Report, pp. 46 and 47).

They are less exposed to enemy vision and firing, and there is therefore greater freedom of movement.

The "combat zone" is much more extensive. It comprises the battle area and the sectors of the troops engaged further in the rear.

In the context of the definitions outlined, medical treatment places are generally spaced out thus:

- (a) in the forward part of the battle area, company aid posts where, for want of a doctor, only pre-medical care can be provided;
- (b) in the rear part of the battle area, batallion aid stations and possibly regimental or brigade dressing stations;
- (c) in the rear part of the combat zone, further dressing stations and the division or corps field hospital;
- (d) further in the rear, the rear hospital.

* *

The State and the military command both organize their medical services primarily for their own needs, and the principle of non-discrimination between friends and enemies is practised only with regard to patients collected. Civilian or military hospitals and any other military medical installations are located according to population or troop density. Their location is known to those who must proceed there. But a medical transport has to collect the wounded, wherever they may be, in order to evacuate them to a treatment place or from an advanced treatment place to one lying further back. By definition, it is mobile and its routes may vary.

Any distinctive signal requires minimum special equipment and constitutes an encumbrance for the bearer. It is of no practical use to the medical personnel. On the other hand, it may be of decisive importance for the protection of the means of transport; among these, military medical vehicles engaged near military objectives are very often exposed. The case of treatment places and medical warehouses lies halfway. From this graduation it emerges that the overall rules should answer transport needs.

Where patients are not numerous because of small-scale or episodic fighting, light aircraft such as the helicopter can often be used. Where there are a great many wounded, as a result of fighting which is still going on, a light aircraft may be inadequate or in fact pangerous for those who are to be transported. While the medical transport is entitled to Convention protection, it cannot by its mere presence stop the fighting. The transport must not, therefore, as far as possible, enter such sectors without any special precautions. Often it is easier for a land vehicle than for aircraft to take such precautions, i.e. to follow detours and use cover. The use of land medical transports, possibly of armoured vehicles, may then be advisable. In case of need, recourse may even be had to nonmedical transports. Indeed, it is better for a wounded man to be picked up by a transport that enjoys no Convention protection than slowly to die for want of a medical vehicle. Moreover, war experiences have shown that it is not always the quickest means of transport that arrives first. As a general rule, both at sea and on land, the possibility of a combined operation of different means of evacuation should be considered.

A call for a medical transport made by the combat troops necessarily goes through the normal communication channels. There are two reasons for this. First, the higher tactical echelon is just as interested in news regarding a weakening of its fighting potential, as a result of casualties. Secondly, the higher echelon must co-ordinate and supervise medical and other transports. This principle is particularly important near the front and, as a rule, wherever enemy action is encountered.

Wherever the medical vehicle may be, contact must be quickly established between it and the combat units, whose operations might be hindered by its presence, and with the troops who await its action. To organize that link and also the link with treatment places is a matter for the command; it does not concern the enemy and has nothing whatever to do with medical status. It is quite obvious, however, that a distinctive emblem or signal, to facilitate identification, helps to guard against any possible error on the part of friendly troops.

Very different is the case of a medical transport which comes into contact with enemy forces, as for instance when aircraft fly over territory under enemy control or, in general, when any medical transport is within the enemy's range. Needless to say, any contact between medical transports and enemy military units cannot depend on command channels, and an international signalling and identification system would be advisable.

IV. Possibilities and limits of distinctive signals

First, the purely complementary nature of the distinctive signal should be borne in mind. It somehow increases the range of the distinctive emblem by extending the effects beyond the limits of vision, whereby it may come into conflict with camouflage requirements, for example. The use of distinctive signals should therefore also be subject to authorization, so that the authority in control of the emblem is necessarily the authority in control of the signal. In other words, no one can use the distinctive signal for the purpose of protection if not authorized to wear the distinctive emblem.

A distinction may therefore be drawn among the following assumptions:

- (a) the control authority permits the use of the emblem and the use of one or more signals;
- (b) the control authority permits the use of the emblem, perhaps a small one, but forbids the use of any distinctive signal; this often occurs with medical installations near the front and medical transports in the battle area, as those installations and transports, for military reasons, should be detectable only at a short distance;
- (c) the control authority rejects all signalling and refuses to authorize any emblem or signal.

* *

According to military needs, distinctive signals are unilateral or bilateral.

The unilateral signal is emitted by the object entitled to do so in the hope that it will be seen and respected, but there is no form

of acknowledgement, and still less is there any conversation. The entitled object therefore does not know whether it has been recognized as such, or to what extent it will be respected. As far as it is concerned, it has simply done what was necessary to be identified by those willing to do so. At best, it may possibly note a change in attitude such as the suspension of firing.

On the other hand, the bilateral signal, as its name indicates, presupposes an exchange of messages. These may be reduced to their simplest expression or may, on the contrary, consist in actual conversation. They should give those concerned a feeling of certainty that they have understood one another.

At present there is no lack of distinctive signals. Unilateral signals are luminous or sonic, while bilateral signals allow identification by means of radio communication and detection or by electronic media such as radar, or again by a combination of two different media agreed upon for the purpose. Some systems can already be used as a distinctive signal, while others are still at the experimental stage. Finally, one must be prepared for the development of new methods.¹¹

Unilateral signals offer the advantage that they do not require a means for reply which we shall call "respondent". Anyone within range can perceive the signal. Thus it is suitable as a general warning to all combat units and the ideal means of signalling medical transports, particularly in improvised movement in the battle area and, in general, wherever medical transports may suddenly find themselves in the presence or within the range of combat units, friendly or adverse. The unilateral signal is also appropriate for increasing the possibilities of identification of treatment places and medical warehouses.

Bilateral signals can in practice be considered only for medical air and sea transports and for hospital ships. Although a bilateral signal implies dialogue, this is possible only if the object entitled to protection is within easy range of an adequate respondent.

¹¹ For medical aircraft, Commission I recommended three signals at present considered valid: a unilateral signal by means of a flashing blue light and, as bilateral signals, radiophonic communication on a special medical frequency and the secondary surveillance radar system (*Report*, Annex II, p. 53).

¹² "Respondent" is used here in a general sense and should not be confused with the radar equipment known as "transponder" on board aircraft or ships.

Yet dialogue alone is not enough; the respondent must be able to transmit information regarding identification to the combat units concerned. Each gunner who might endanger the transport or the hospital ship must be informed to this effect. And this is where a major problem arises in the battle area. No army can equip all its combatants with respondents for bilateral distinctive signals. There will always be a limited number of respondents, mainly in air operation centres and with forward air controllers, in air defence artillery positions or on craft of a certain size. Transmission from the respondent to each gunner can be carried out only through the command channels. Unless there is a telediffusion system, it must therefore go through those channels, which always takes time. Moreover, the message regarding medical transports will hardly be given priority, so that in the event of any congestion in the command net, it will be transmitted only after messages relating to the conduct of hostilities.

Lastly, one must be aware of the prospect of jamming, which, while not necessarily directed at the frequencies assigned to medical communications, may nevertheless cause disturbances. Moreover, any technical system is subject to breakdowns and deterioration caused by war.

The foregoing remarks apply only partially to the bilateral signal produced by a combination of two different media. The respondent to an aircraft's luminous signal, for example, may consist in small flags, pieces of cloth, etc., stretched out on the ground in a certain manner. Anyone can have such materials. All that is needed is to know the agreed code. The problem of timely retransmission to the gunners, on the other hand, still remains to be dealt with.

* * *

Distinctive signals, therefore, enable a medical transport to be identified as such and, in the case of the bilateral signal, to be informed of the identification. Assuming that the transport finds itself in the space swept by trajectories of projectiles owing to fighting which is still going on, or that there is a risk that it may enter it, it should be possible to warn the transport in order that it may take cover. This can be done only be means of bilateral

signals that allow of real dialogue. As we have seen, however, in the midst of a battle the technical shortcomings of the signalling system and tactical priorities may deprive bilateral distinctive signals of any timely effect.

In view of the limits of distinctive signals and the right of the control authority to prohibit their use, protection must be ensured by other means. That is why the Second Convention of 1949, and especially Commission I, recommend that States in general, and the Parties to the conflict in particular, agree on the use of specific methods. In so far as the Parties desire it, and especially when there is no unduly large imbalance between their military potential, the inadequacies mentioned in regard to bilateral signals may be considerably reduced or even entirely avoided, so long as the adverse Party has been previously notified of the movements of medical transports or, better still, they are agreed upon by the Parties concerned.

The use of distinctive signals should therefore be combined with notice of movements or a previous agreement on movements in areas where medical transports would be exposed to the effects of combat. To this end, Commission I provides for a graduation of signalling ¹⁴ which, being supplemented for land and maritime needs, might be as follows:

- (a) for the overflight of territories controlled by adverse forces, previous agreement is required;
- (b) for movements in the forward part of the battle area under the control of friendly forces, and in areas where such control is not clear, agreement between the local military authorities is simply recommended; it is nevertheless described as the sine qua non of effective protection;
- (c) for movements in the rear part of the battle area, no agreement is required; that freedom of movement holds good a fortiori in the case of sectors of the combat zone to the rear of the battle area; it is left to the discretion of the appropriate commander whether he simply gives the adverse Party notice of the flights.

¹³ Draft Article 27 (3) (Report, p. 48) and Annex II, Chapter I (Report, p. 53).

¹⁴ Draft Articles 25 and 26 (Report, pp. 46 and 47).

V. Conclusion

Signalling and identification means for medical personnel and medical material can and should be improved. Uniform design is necessary for all the medical services, whether civilian or belonging to the land, sea or air forces.

First, the size of the distinctive emblem should be adapted to its bearer and visibility should be increased, especially at night and under adverse weather conditions.

The distinctive signal, which is a complement to the distinctive emblem and, like the emblem, subject to the control authority, may be a very useful adjunct to signalling and identification, and hence an effective safeguard for material and, more particularly, for medical transports.

No distinctive signal, however greatly improved, can remove all the risks incurred by a medical transport. The degree of risk inherent in the different parts of the combat zone and the territory under the control of adverse forces should therefore be borne in mind, and signalling should, *mutatis mutandis*, be combined with the requirement or simple recommendation to conclude an agreement with the adverse Party or to notify that Party of the movement of the medical transport in question.

Frédéric de MULINEN

Head of Division
International Committee of the Red Cross

INTERNATIONAL COMMITTEE OF THE RED CROSS

Memorandum

Implementation and Dissemination of the Geneva Conventions of 1949

GENEVA, 15 August 1972

To the Governments of the States Parties to the Geneva Conventions

The XXth International Conference of the Red Cross, meeting in Vienna in October 1965, in its XXIst Resolution, entitled "Implementation and Dissemination of the Geneva Conventions", expressed the wish that Governments and National Societies submit periodic reports to the International Committee of the Red Cross on the steps taken by them in that sphere.

The resolution reads as follows:

The XXth International Conference of the Red Cross,

considering that by virtue of Article 47 of the First Geneva Convention of 12 August 1949, Article 48 of the Second Convention, Article 127 of the Third Convention and Article 144 of the Fourth Convention, the Contracting Parties have undertaken to give the widest possible dissemination, both in time of peace and war, to the texts of the Conventions in their respective countries and in particular to introduce the study thereof into the military and, if possible, civilian instruction syllabuses so that the principles may be known by the whole population, considering that the application of these Articles is of the greatest importance in ensuring the observance of these Conventions,

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considering further that it is essential that members of the armed forces have adequate knowledge of the Geneva Conventions,

appeals to all States Parties to the Geneva Conventions to make increased efforts to disseminate and apply these Conventions, in particular by including the essential principles of the Conventions in the instruction given to officers and troops;

further appeals to National Societies to strengthen their activities and to co-operate with their Governments in this field;

expresses the wish that Governments and National Societies submit periodic reports to the International Committee of the Red Cross on the steps taken by them in this sphere;

notes with satisfaction and gratitude the efforts made by the ICRC to ensure the application of the Geneva Conventions and requests it to continue with this task.

Pursuant to this resolution, the ICRC, which on 21 November 1966 sent to all States Parties to the Geneva Conventions a memorandum suggesting practical steps for the teaching of the Conventions, submitted a report, based on the replies received from some States, to the XXIst International Conference of the Red Cross, meeting in Istanbul in September 1969.

The ICRC is aware that other States have since that time taken further steps designed to ensure the dissemination of the Conventions, and it has endeavoured to support the efforts made in this direction by providing Governments and National Red Cross Societies with information material suited to the different circles in which the Conventions should be disseminated (schools, the army and the police, medical and nursing circles, and universities). For your guidance, we attach a list of ICRC publications which are at all times available to those interested.

In view of the efforts now being made to reaffirm and develop international humanitarian law applicable in armed conflicts, the need for a clear and widespread understanding of the basic principles of the Geneva Conventions is greater than ever.

The International Committee therefore wishes to remind the Governments concerned of the aforementioned resolution and requests the appropriate authorities to state what steps have been taken since 1969 to disseminate the Geneva Conventions among

the armed forces and the civilian population, within the meaning of Article 47 of the First Convention, Article 48 of the Second Convention, Article 127 of the Third Convention and Article 144 of the Fourth Convention.

The replies that it receives will enable the ICRC to prepare a report which will be submitted to the XXIInd International Conference of the Red Cross, to be held in Teheran in November 1973. Such replies should reach the ICRC not later than February 1973 and the ICRC would therefore be grateful to the appropriate authorities if they would give this request their prompt attention.

The International Committee believes that in making these various suggestions it is complying with the said resolution of the XXth International Conference of the Red Cross and the procedure laid down in the Geneva Conventions regarding dissemination. It believes, too, that by encouraging the propagation of the humanitarian ideal underlying the entire Red Cross movement it is serving the cause of peace.

A copy of this memorandum is being sent to the National Red Cross, Red Crescent and Red Lion and Sun Societies of the countries concerned.

FOR THE INTERNATIONAL COMMITTEE
OF THE RED CROSS

Marcel A. Naville

President

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LIST OF ICRC PUBLICATIONS DESIGNED TO ENSURE THE DISSEMINATION OF THE CONVENTIONS

1. Schools

School textbook "The Red Cross and My Country"
English, French, Arabic, Spanish, Sinhalese, Indonesian, Laotian,
Chinese, Korean, Burmese, Nepalese, Malay and Thai.
"Teacher's Manual" (in the same languages)

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2. Army—Police

	Engl.	Fr.	Span.	German	Arabic	Port.
Summary of the	_		_			
Conventions	X	X	X	X	X	
Soldier's Manual	X	X	x		x	X

3. Medical and nursing circles

The Doctor in the				
Geneva Conventions	X	X	X	X
Rights and Duties				
of Nurses	X	X	X	X

4. Universities

Course of Five Lessons on				
the Geneva Conventions	X	X	X	х
Course on International				
Humanitarian Law	х	x	x	

5. Slides

Three series illustrating

Soldier's Manual (27 slides) School textbook (30 slides) Geneva Conventions (20 slides)

EXTERNAL ACTIVITIES

Asian Sub-Continent

Indian civilians in Pakistan.—The Government of Pakistan has informed the ICRC delegation at Islamabad of the measures it proposes to adopt with regard to Indian civilians within its territory. The Indian civilian internees arrested at the Indo-Pakistan border during the hostilities last December, of whom there are approximately 270, are to be repatriated. Some 6,500 Indian civilians, who entered Pakistan lawfully to visit their families before the beginning of hostilities, shall be permitted to return to India. Finally, any Indian civilians who entered Pakistan unlawfully before December 1971 will be conducted to the frontier.

Practical ways and means of carrying out these measures will be devised by the Governments of Pakistan and India.

Remittance of parcels.—In July, ICRC delegates carried out a further operation consisting in the remittance of parcels at the frontier post of Wagah on the India-Pakistan border. Some 3,300 parcels, prepared by the Pakistan Red Cross, and 53,000 letters for Pakistani prisoners of war interned in India were handed over to the ICRC delegates in India. In addition, 900 letters from Indian prisoners of war in Pakistan to their next of kin were also handed over.

In the opposite direction, 626 parcels from the Indian Red Cross for Indian prisoners of war in Pakistan and 15 bags of mail from Pakistani prisoners of war in India were remitted to the delegates stationed at Islamabad, together with 2 further bags of mail from Bangladesh.

The parcels intended for Indian prisoners of war were distributed on 14 July at the Lyallpur camp, on 15 July at Lahore Hospital and on 17 July at the Rawalpindi camp.

Prisoners and internees.—In India and Pakistan, visits to prisoners of war are continuing. ICRC delegates and doctors go to the camps

regularly. In India, they visited the Bareilly, Delhi, Ramgarh, Agra, Gwalior and Fathegarh camps during the month of July.

The civilian internees are also visited by the ICRC. Thus, in July, ICRC delegates visited the camps at Roorkee and Meerut in India and the camps at Lahore and Harappa in Pakistan.

In Pakistan, delegates also make regular visits to camps which hold Bengali military personnel of the Pakistan army. In addition, they have frequent contacts with Bengali settlements in different towns.

Relief despatches.—In 1971, the European Economic Community instructed the ICRC to transport and distribute approximately 43,350 tons of rice and 4,650 tons of wheat as a gift to Bengali refugees in India and the population of Bangladesh. Only 35,150 tons reached Calcutta, Madras and Chittagong.

The reason was that one of the eight ships chartered, which carried 7,050 tons of rice, stranded on Cape Juby and lost its whole cargo, while another ship, carrying 5,800 tons of rice, sustained damage and is held up at Las Palmas.

An enquiry is afoot to ascertain the extent of the damage and the question of responsibility, with a view to replacing the lost or damaged cargo.

Assistance to Bangladesh.—The ICRC delegates continue to concern themselves with the living conditions of non-Bengalis in settlements in different parts of the country. Supplementary relief distributions are regularly carried out by the ICRC, in agreement with UNROD and the Government of Bangladesh.

During the second quarter of 1972, that is, from the time when the ICRC relief action was handed over to the Bangladesh Red Cross (18 April) up to the end of July, approximately 7,674 tons of foodstuffs were distributed, under the responsibility of the ICRC, in the Dacca, Chittagong and Saidpur settlements, as follows:

Dacca: 6,374 tons including rice (738 tons), wheat (4,233 tons), flour (1,398 tons) and fishmeal (5 tons).

Chittagong: 800 tons, namely 300 tons of rice and 500 tons of wheat.

Saidpur: 500 tons, namely 100 tons of rice and 400 tons of wheat.

The ICRC has thus altogether distributed 1,138 tons of rice, 5,133 tons of wheat and 1,403 tons of flour.

Malaysia

In its June 1972 issue, the *International Review* reported on a visit made by an ICRC delegate early in April to two places of detention in Malaysia. These were the preventive detention centres of Kuching (Sarawak state), holding 1,352 detainees, and Kota Kinabalu (Sabah state). Here the delegate saw five detainees and not 180 as stated. This figure refers to the capacity of the camp rather than to the actual number of detainees on the day of the visit.

At the end of April, the ICRC delegate visited four more places of detention: the preventive detention centres at Muar, in West Malaysia, where he saw 87 detainees; Taiping and Batu Gajah, in Perak state, holding 10 and 236 persons respectively, and the rehabilitation centre in the island of Jerjak, Penang state, where he saw 249 detainees.

Khmer Republic

The delegate of the ICRC in the Khmer Republic travelled to the province of Préah Vihéar, on the Thai border. He visited there several refugee villages, as well as the infirmary of Préah Vihéar village. A doctor and three assistants work here, and the delegate handed over to them antitetanus serum and anatoxin vaccine.

On 31 July 1972, he was present at a relief distribution in the Pochentong refugee camp, with members of the National Red Cross Society and the General Directorate for War Victims. Some 121 Khmer refugee families—including about seventy from Tay Ninh, in the Republic of Vietnam—were provided with blankets, textiles, rice, dried fish, preserved food, and salt. The relief supplies came from the Japanese Red Cross and the ICRC.

At a small ceremony held at the headquarters of the ICRC delegation in Phnom-Penh, the ICRC delegate presented the Khmer

Red Cross, on 1 August 1972, with 645 kg of medicaments for displaced persons in Svay Rieng and other areas. During the first half of 1972, the ICRC sent that National Society medical supplies—medicaments, serum and vaccines—totalling Sw.Fr. 38,215.

Laos

The delegate of the ICRC in Laos went with a doctor of the Swiss Red Cross, on 14 July 1972, to the Samkhé prison in Vientiane, where he visited 130 prisoners of war and two civilian detainees. On 15 July, he visited the Chinaimo prison, also in Vientiane, and saw there 12 prisoners of war and 50 civilian detainees.

Republic of Vietnam

Delegates and doctors of the ICRC in the Republic of Vietnam visited, on 12 and 14 July 1972, two Vietnamese Armed Forces military hospitals. One was the hospital at Tay Ninh, where they saw 276 patients, including four prisoners of war, and the other at Quang Ngai, which contained the day the visit was made 260 wounded soldiers but no prisoners of war.

Middle East

ICRC delegates in Israel and the Arab countries made several visits to prisoners of war. As usual, the delegates were able to talk to them without witnesses, and reports on the visits are sent by the ICRC to the detaining authorities and the prisoners' own government.

In Israel, ICRC delegates went on 14 August to Sarafand military camp, where they saw 106 Arab prisoners of war, namely 61 Egyptians, 40 Syrians and five Lebanese.

In the Arab Republic of Egypt, the ten Israeli prisoners of war interned in Abassieh military prison were visited by the ICRC on 2 August 1972.

¹ Plate

In Syria, the ICRC delegate visited the three Israeli prisoners of war on 16 August 1972.

In Lebanon, family reuniting operations took place at Roshanikra, on 7 and 10 August, under the auspices of the ICRC.

Burundi

The serious disturbances which broke out at the end of last April in Burundi moved the International Committee of the Red Cross to despatch on the spot a team of five delegates with the mission to set up an emergency relief action for the civilian population of the stricken areas.

As soon as the requisite laissez-passer were obtained, the ICRC delegates travelled by road at the end of June to the southern province of Burundi, which appeared to have been the region most seriously affected, and where, accompanied by the National Red Cross Society secretary, they visited the main centres. On their return to Bujumbura, they drew up an aid programme designed to enable Burundi Red Cross first aiders, who had undergone training with a relief expert of the League of Red Cross Societies, to furnish the aid to the victims, most of whom were women and children, and who obviously had the greatest need of that aid.

After the authorities had given their consent to the proposed Red Cross relief plan, which was to be integrated in the national relief plan, a further international appeal, following upon that of 26 May, was made on 4 July by the League of Red Cross Societies, at the request of the ICRC.

At Bujumbura, ICRC and League delegates co-ordinated their preparatory measures with those taken by Caritas, by Catholic Relief Services and by representatives of United Nations specialized agencies.

With the help of supplies purchased locally, together with those received from a number of National Societies, and with transport hired at Bujumbura, an initial convoy was got ready to set off. Five teams of the Burundi Red Cross first aiders stood by, ready to carry out the distribution of relief supplies with the assistance of the delegates from Geneva. The Burundi Government, however,

was not prepared to allow the representatives of the ICRC and the League to be present when these supplies would be distributed and to see for themselves in what way the gifts were being utilized. The ICRC, under these conditions, and having ascertained that the authorities had large stocks of supplies in their hands, judged it preferable to suspend its relief operations.

As far as the ICRC is concerned, the situation has not changed. On the other hand, following talks with the Red Cross Society of Burundi, the League of Red Cross Societies has deemed that it can take part in a relief action conducted by the National Society in the province of Bururi. The ICRC therefore transferred the responsibility for this operation to the League in August 1972.

Gabon

The ICRC Regional Delegate for West Africa went to Gabon on a fact-finding tour. After having got in touch at Libreville with National Red Cross leaders, the delegate started on a tour to eight "préfectures" and two "sous-préfectures". He was everywhere welcomed by the local authorities and Red Cross branch workers.

The ICRC delegate gave talks, accompanied by films. All those who attended showed a keen interest in the problems facing the Red Cross. The films attracted over a thousand spectators at each showing and met with great success.

Argentina

A delegate of the ICRC went to Argentina. He met Dr. Armando Pedro Cattenati, the new President of the National Society, and also visited Red Cross premises in the Argentine capital.

The ICRC delegate met government authorities from whom he received authorization to visit various places of detention. At Buenos Aires, he visited the "Instituto de Detención de la Capital Federal" (also known as the Devoto prison), the "Prisión de la Capital Federal" (better known as the Caseros prison), the women's prison and the prison-ship "Granadero". He then proceeded inland. In the north, he was authorized to visit places of detention at Santa



Photo Candido Aquino, Asuncion The ICRC regional delegate for south America (left) received, at Asuncion, by General Stroessner, President of Paraguay (see International Review, July 1972). Centre, Dr. Vera Martinez, Secretary General of the Paraguayan Red Cross.

At Phnom-Penh, the delegate of the ICRC hands over to the President of the Khmer Red Cross, Mrs. Chuop Samloth, a gift of medicaments from the ICRC.



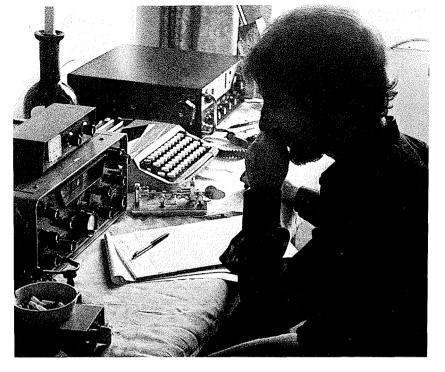
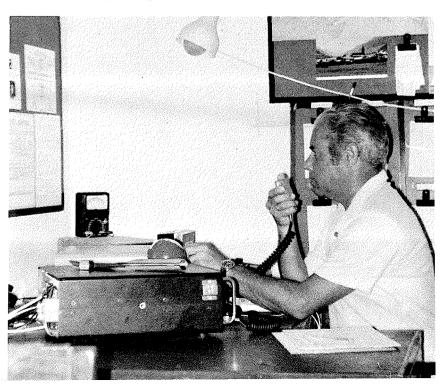


Photo Jolliet/ICRC

Dacca: ICRC radio station (ICRC-1) in contact with Geneva, Islamabad, New Delhi and stations set up by the ICRC in Bangladesh.

Islamabad: ICRC radio station (APR-88) in contact with Geneva, Dacca, Phnom-Penh and New Delhi.



Fé, Coronda, Rosario, Resistencia and Corrientes. In the south, he visited the Rawson prison. On his return to Buenos Aires, he visited the La Planta prison.

Everywhere the ICRC delegate made contact with local Red Cross leaders and visited the installations of the National Society's branches.

IN GENEVA

Publication of Official Report

Following the second session of the Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts, which was held in Geneva from 3 May to 3 June 1972, the ICRC drew up an official report on the work, which has just left the press.

It is composed of two volumes. The first, which consists of about 150 pages, contains a list of the participants at the Conference, the record of the plenary meetings held at the beginning and the end of the Conference, and the reports of the four Commissions which studied the various subjects discussed. The second relates to the proposals and amendments submitted by experts.¹

The report is sent to all Governments Parties to the 1949 Geneva Conventions and all National Red Cross, Red Crescent and Red Lion and Sun Societies. An adequate supply is also sent to the United Nations for the General Assembly, for the Commission concerned with the question of respect for human rights in armed conflicts.

¹ The complete report (Vols. I and II), which is published in English, French, and Spanish, costs Sw. Fr. 25.— and can be obtained from the ICRC Documentation Service.

ICRC RADIOCOMMUNICATION SERVICE

During the first half of 1972, the radiocommunication service of the ICRC was very active.

Radio communications with the *Middle East*, consisting in a Geneva-Amman link with an internal network serving Beirut and Damascus, were extended to a new station in Jerusalem. On the other hand, in the Yemen Arab Republic, the last message from the ICRC delegation's station at Sana'a was transmitted in February, and the station was closed down after having been in operation for eight years.

In Latin America, there is an ICRC station at the regional delegation headquarters in Caracas. On several occasions, it was also possible to make contact, through a Swiss radio amateur living in Bolivia, with the ICRC delegate who was on a mission to Bolivia at the time.

In Asia, the ICRC obtained authorization last spring to operate a transmitting-receiving station in the Khmer Republic at its delegation's headquarters in Phnom-Penh. On the Asian subcontinent, the ICRC set up an extensive network of stations in Bangladesh, India and Pakistan.¹

For the latter sector alone, there are seven radio experts working in Geneva as well as in the field. Equipment for 30 fixed and 10 mobile stations has been sent to those three countries. In the first six months of 1972, traffic statistics were as follows: 1,745 messages were exchanged between Geneva and the Asian

¹ Plate.

sub-continent; 778 messages between Pakistan, India and Bangladesh, and 9,649 messages sent within Bangladesh on the internal network between Dacca and the stations scattered throughout the country. This represents 3,465 duty-hours for the Geneva staff, 7,995 hours for the staff at Dacca, and 1,500 hours for the operator at Islamabad.

The ICRC has placed at the disposal of the League of Red Cross Societies a radio-technician whose job is to set up in Bangladesh for the "cyclone preparedness programme", a radio network which will consist of ten stations manned by locally-engaged personnel, trained by the ICRC.

WORLD RED CROSS DAY

World Red Cross Day was celebrated in a great many countries this year, and, thanks to the assistance of the public authorities and the use of highly effective information media, was a resounding success. With the co-operation of the national shortwave services of six European broadcasting stations, World Day was commemorated by a particularly interesting initiative. Radio programmes were broadcast in six different languages—English, French, Spanish, Arabic, Kiswahili and Indonesian—and made available to National Societies. A total of 114 programmes were supplied.

The slogan which the League of Red Cross Societies proposes for Red Cross, Red Crescent and Red Lion and Sun Day in 1973 is:

You and Your Environment: Priority for Red Cross

This slogan will appeal to all: it is both direct and global in setting the Red Cross in the context of the threats facing our world, which has only recently become aware of their gravity. At a time when man and communities are worried about the serious problems posed by environment, pollution and the safeguarding of natural surroundings, it seemed that the Red Cross movement could not stand aside from the great efforts which were being made. That is why this highly topical subject has been chosen, one which is a matter of serious concern for many National Societies and intergovernmental and non-governmental organizations. Our readers will recollect the recent United Nations Conference on Environment, the importance of which was indicated in the last issue of the *International Review*.

ANNUAL REPORT OF THE LEAGUE

The League of Red Cross Societies has issued its Annual Report for 1971. Excellent photographs illustrate the activities described in each chapter, and the 64 large-format pages contain the following items: Mexico meetings, relief, disaster relief preparedness, community services, health, social welfare, nursing, youth, information, international relations, and financial situation.

In his introduction to the Annual Report, Mr. Henrik Beer, Secretary General, briefly outlines the main tasks which the League had to shoulder last year. He refers to the growing importance of the League's Development Programme, one of the fundamental aims of which is to help National Societies, should they request it, to improve the structure of their organization and to get more firmly established in the country concerned, as well as to draw up programmes suited to the needs of the population and undertaken in conjunction with the national plans of each country. He concludes thus:

"As the participants in one Regional Training Institute put it, the Red Cross should carry out a twofold mission, that of the development and adaptation of its traditional activities, and also that of the constant search—in a pioneer spirit—for activities corresponding to the new needs and problems. This applies to the protection of the human environment, which no doubt gives the Red Cross new openings, since it is in line with its major concerns in the medico-social field. Even if its contribution can only be small, the League cannot ignore the impact of the various harmful effects on the environment and on the health of the individual, just as it continues to be involved in the tragic consequences of the abusive use of drugs among youth. The phase of hesitant measures is moreover terminated in these fields, since certain National Societies have already undertaken their own programmes in liaison with the public authorities, programmes likely to be followed by more National Societies and coordinated by the League.

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Finally, there would be no necessity to recall here the interest taken by National Societies in the problems of peace, if young members of the Red Cross, with the support of adults, had not—at regional youth meetings and, in particular, the World Red Cross Youth Council which was held in Mexico—reiterated their concern at the development of localised conflicts and the many infringements of fundamental human rights, and insisted on the establishment of concrete programmes of education and activities to safeguard peace, and combat such scourges as racial discrimination. In the view of the Board of Governors, it will be a question of mobilising public opinion, and also of finding programmes adapted to the fight against disasters caused by man.

These decisions moreover correspond to the wish expressed by National Societies to commit themselves more actively than here-tofore to the reaffirmation and development of humanitarian law. It is indeed true that the dissemination of the Red Cross Principles and the Geneva Conventions, as well as the adaptation of humanitarian law to the evolution of the international system, are of concern not only to the ICRC, the initiator and guide of the Law of Geneva, but also to National Societies. Never before, first in The Hague, and then in Geneva, at Conferences of Red Cross and government experts, and finally in Mexico at the meeting of the Council of Delegates, was it made so abundantly clear that the whole Red Cross has a great responsibility in this fundamental sphere for the protection of mankind.

1971 can therefore be considered as the key year in the life of the Red Cross movement, if the realisation of the importance of the reappraisal of the role of the Red Cross should, in the near future, lead to the affirmation of a united Red Cross, whose traditional and new services truly integrated into the life of the community make a powerful contribution to ensuring that the era of great change is also the era of great hope."

Cameroon

We think our readers might be interested in the report recently issued by the Wouri section of the Cameroon Red Cross on its current activities. This publication, sent to us by the ICRC regional delegation at Yaoundé, gives a vivid account of the Douala committee's humanitarian work in co-operation with the National Society's central committee. Patients in several hospitals, including one for leprosy cases, in a number of maternity wards and in a centre for the rehabilitation of the disabled, and detainees in Douala prison, have received comforts from the Red Cross, which also assists a kindergarten by providing certain supplies. The section is equally active in first aid, training regional teams and organizing three-week retraining programmes for Douala first-aiders (31 of whom qualified for admission to training as instructors). Several schemes for information dissemination are worthy of note. such as, to quote but one example, the broadcasting of forty-two half-hour programmes on the Red Cross by Radio-Douala. Blood donation is also a growing activity—the number of donors, all members of the Red Cross—has doubled in one year.

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The ICRC regional delegation also sent us, more recently, the reports of the Cameroon Red Cross on the Society's ninth general assembly, held in Yaoundé in July 1972. These reports give proof of the effectiveness of the work carried out in Cameroon under the Red Cross sign, and we wish to draw attention to those which more particularly show the variety of the tasks performed in that country.

At the opening meeting of the general assembly, Dr. S. P. Tchoungui, General President, delivered an address in which he stressed the principal objectives pursued: "assistance to lepers; our institution's continued consolidation throughout the country

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through the establishment or enlargement of branch associations; the smooth operation and the effectiveness of our three sections: first aid, information and Red Cross Youth; the construction of our national headquarters and the establishment of a national training centre".

Mr. Tchoungui recalled the visit which the President of the ICRC had made to Cameroon in August 1971 and the setting up of a permanent delegation of the International Committee in Yaoundé. Accompanied by members of the Governing Board, the ICRC regional delegate, as mentioned in our last issue, had conducted an information campaign on the aims pursued and the results obtained by the Red Cross movement since its inception. Mr. Tchoungui referred to blood donation campaigns, the work of Red Cross Youth and the support it received from a great many teachers. "We have not relaxed our efforts regarding donations and relief", he added. "Hospitals, dispensaries and public and private rehabilitation centres have received Red Cross donations in the form of medicaments, dressing material, clothing and toilet items. Financial aid has also been given to the needy."

The report of the National Director for First Aid shows the spirit of initiative reigning in that section, both with regard to the training of first aiders and instructors and in the field of first-aid and medico-social work. The report of the Administrative Secretary mentioned the National Society's various activities connected with the training of cadres and education and training programmes for the young. It referred, too, to the ICRC's second consignment of 54,000 copies of the school textbook "The Red Cross and My Country" to the Cameroon Red Cross, to help spread knowledge of the Red Cross principles and the Geneva Conventions among schoolchildren.

Great Britain

In its May issue, the *International Review* devoted an article to the twenty-third award of the Florence Nightingale Medal and reported that this high distinction had been bestowed upon Miss Gwyneth Ceris Jones at the General Assembly of the British Red Cross. Miss Marjorie Houghton, another British recipient, could not be awarded the medal and the diploma at the time because she was not in London. We learn that she received them in British Honduras, where she was acting as Adviser to the local branch of the British Red Cross.

Miss Houghton's services covered a wide field. Suffice it to recall that, during the Second World War, she served in the British Expeditionary Force, in India and Ceylon, after which she held important posts in various hospitals and rendered signal services to the Red Cross in Kenya, Nigeria and Dominica, before going to Botswana as a League of Red Cross Societies delegate.

India

Last April, the ICRC informed all National Societies about a Plan of Action for the dissemination and development of international humanitarian law applicable in armed conflicts. The Indian Red Cross has responded with a statement regarding the efforts made so far to disseminate the Geneva Conventions in that country. We think this may interest our readers as evidence of the importance and effectiveness of the work carried out by the National Society in this field.

The Indian Red Cross Society has constantly been working for the dissemination of the Red Cross principles and the diffusion of knowledge of the Geneva Conventions in India, through a network of 525 Branches. Articles on these subjects often appear in the Headquarters journals *The Red Cross Journal* and *The Indian* Junior, as also in various journals and brochures published by the

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Branches in several Indian languages. Instructions on these are also imparted in the Red Cross Training Camps organized from time to time all over the country for workers and juniors.

Lectures on the Red Cross and the Geneva Conventions are also delivered by an Indian Red Cross Officer specially deputed from Headquarters for the purpose, at Senior Indian Police Service Officers' courses generally held twice a year.

The Society has also distributed a number of copies of the "Course of Five Lessons on the Geneva Conventions" to its Branches and the Ministries of Health and Education. The latter Ministry has forwarded this publication to all State Governments and Universities for including the study of the Conventions in the prescribed programmes of public instruction, both at the primary and secondary stages of education, as also in Universities some of which have already included the study of the Conventions in their curriculum.

Through the Society's efforts, the Government of India has taken the following steps for dissemination of knowledge on the subjects:

- 1. Publication and wide circulation of a book entitled *The Geneva Conventions of August 12, 1949*, containing the text of the four Conventions, the instruments of ratification by India, the eleven resolutions of the Diplomatic Conference of 1949, and a list of signatory States and of those States which had acceded to the Conventions up to the time of publication of the book.
- 2. A pamphlet entitled Notes on the Geneva Conventions 1949 has been published and issued.
- 3. Service Headquarters have published an order containing a summary and the broad features of the Conventions, for the information of Defence personnel.
- 4. A small booklet containing a summary of the Conventions has been published and pasted in the pay-books of all Armed Forces personnel.
- 5. In addition to the dissemination of information concerning the Geneva Conventions among Defence Services personnel, including chaplains, through Army/Navy/Air Force Orders, the study of the Conventions is included in the syllabi of instruction

- of a number of institutions, e.g. Defence Services Staff College, Wellington; Indian Military Academy, Dehra Dun; Officers' Training Service, Armed Forces Medical College, as well as all Nursing Colleges and Nursing Schools in the country.
- 6. With regard to the dissemination of the text of these Conventions among the personnel of India's contingents, whenever they are required to serve under the auspices of the United Nations, the rights and obligations of the Indian Armed Forces personnel under the Geneva Conventions, along with the question of penal measures to suppress infringements of the Conventions, are brought to their notice. A suitable paragraph of the study of the Conventions is also included in the general instructions issued for the guidance of Indian contingents when posted abroad.
- 7. Annex I to the Third Convention has been included in the Medical Administrative Instructions of the Armed Forces in respect of medical examination of prisoners of war.
- 8. Necessary steps have been taken to include the study of the Conventions, in particular of the Fourth Convention, in the course of instructions imparted to the Indian Administrative Service and Indian Police probationers.
- 9. An effort has been made to disseminate information regarding the Conventions, in so far as they apply to Nursing Services, through distribution of a number of pamphlets on the subject to Nursing Schools and by publishing the relevant articles in the Nursing Journal of India.

Besides the above, necessary action is being taken for the printing of the Indian edition of the School Textbook and Teacher's Manual entitled "The Red Cross and My Country" in order to contribute more actively to the dissemination of the humanitarian principles of the Red Cross and the Geneva Conventions in primary schools. Copies of the "Soldier's Manual" received from the ICRC have also been distributed among the Jawans. Moreover 60,000 copies of the Hindi version of the Manual have been printed for distribution among Defence personnel.

USSR

We would remind all National Societies that International Review is pleased to publish contributions which they send us on their activities or on humanitarian historical events concerning their countries. We quote below an article received recently from the Alliance of Red Cross and Red Crescent Societies of the USSR, to which we express our warm thanks.

IN THE NAME OF HUMANISM

The Alliance of Red Cross and Red Crescent Societies of the USSR is one of the mass public organizations of our country. It unites 11 Red Cross and 4 Red Crescent Societies of the 15 Union Republics. At present the membership is 84.5 million, including about 30 million juniors of schools, colleges, vocational training and technical schools.

From the very beginning of its activities and at the present time the Soviet Red Cross considers its prime task is to render all-round assistance to public health bodies in improving medical care, the health and longevity of man.

The basic principle of the Soviet health service is preventive medicine. It is ably assisted in this by numerous members of the Soviet Red Cross. Ten million members trained by the Societies in various fields help medical workers in health education, prophylaxis measures, vaccination campaigns (for example, outbreak of influenza), and give first aid when necessary.

When the medical services are faced with great tasks in prevention and eradication of infectious diseases, in combating cardio-vascular and oncological diseases and in prophylaxis measures, the close co-operation of Red Cross active members and medical workers is of great importance. The Soviet Red Cross is rendering vital assistance to the public health bodies in popularizing blood dona-

tion, in recruiting generous blood donors. In the years 1967-1970 the number of free blood donors was increased more than two-fold. This movement is very popular among young people.

Annually 1.5-2 million activists are trained by the Societies in nursing. The aim of the Societies is to see that at least one person in every family is able to look after a patient at home.

The Soviet Red Cross helps the public health bodies to spread medical and hygiene knowledge among the population. In four years (1967-1970) the Executive Committee of the Soviet Red Cross and Committees of Union Republics issued and distributed 240 million copies of various health education literature, textbooks, booklets, slogans, tables and other visual aids.

One of the main tasks of the Soviet Red Cross is all-round efforts to strengthen peace, friendship and co-operation among nations.

The Soviet Red Cross delegations and representatives take an active part in all international Red Cross meetings, submit resolutions and suggestions denouncing war and calling on National Societies through their humanitarian activities to help to prevent aggressive wars causing immeasurable human sufferings.

The Soviet Red Cross is constantly extending and reinforcing its contacts—both on a working and friendly basis—with many Societies abroad. In the period 1970-71 the Soviet Red Cross invited over 70 delegations of various Societies and International Red Cross bodies and 33 Soviet delegations were guests of foreign Societies.

In recent years great attention is paid to international meetings of Red Cross and Red Crescent juniors. The biggest International Youth Meeting was held in 1971 in the Soviet Union which gathered juniors of 38 countries. The Red Cross juniors of our country also take part in camps and gatherings in other countries. Such meetings give the opportunity to exchange experience of Red Cross youth problems, its role in protection of the health, education and bringing up of the population.

Many people suffer from natural disasters, epidemics and armed conflicts. True to its Red Cross humanitarian principles, the Soviet Red Cross willingly goes to the aid of the victims. In the years 1970-71 the Soviet Red Cross gave material assistance to the peoples of 42 countries on 50 occasions, valued at over 2 million

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roubles. The assistance was rendered to Vietnam, the population of Chile, India, Somalia, Afghanistan, Turkey, Colombia, Upper Volta, Mali, Niger, Iran and many others.

The groups of medical specialists and the Soviet Red Cross hospitals work at present in India, Iran, Ethiopia, Algeria, Bangladesh, giving medical assistance to many thousand people. The Soviet Red Cross teams fruitfully worked within the ICRC missions in Yemen and Jordan.

In accordance with the main Red Cross principles and the UN Declaration of Human Rights, the Soviet Red Cross is resolutely in favour of the rights of man and the Geneva Conventions.

The Executive Committee of the Soviet Red Cross is continuing to help Soviet and foreign citizens in searching for the relatives with whom they lost contact as a result of the Second World War, disasters and other reasons. In 1971 the fate of 6397 persons was detected. This work is conducted in close co-operation with National Societies in the GDR, Italy, Poland, FRG, Austria and other countries.

All domestic and international activities of the Soviet Red Cross are imbued with the noble ideals of humanism; they are directed to the constant care of the life and health of man, to the strengthening of friendship and fruitful co-operation among peoples in the interests of a stable world peace.

In 1967 the Alliance of Red Cross and Red Crescent Societies of the USSR was decorated with the highest government award in this country—the Order of Lenin—for its major services in helping to develop the Soviet public health system, its active participation in the struggle for peace and in connection with the Centenary of the founding of the Red Cross Society in the country.

MODEL STATUTES FOR THE USE OF NATIONAL SOCIETIES

Model Statutes for the use of National Societies were first approved by the League's Board of Governors at its XXIInd Session in Toronto in 1952. The aim of the model statutes was not to propose a single set of rules for all National Societies, but to embody those principles of the Geneva Conventions and of the Red Cross which are of universal application. In the light of the many changes which have taken place since that time, the text has been revised by the League Secretariat in co-operation with the ICRC.

The new Model Statutes, presented jointly by the two international Red Cross bodies, were approved by the Board of Governors at its XXXIst Session in Mexico City in 1971. We reproduce below some of the thirty-eight articles of the Model Statutes, and would point out that for the Red Crescent and Red Lion and Sun Societies, the expressions "Red Cross Societies" or "Red Cross" must be replaced by their corresponding titles.

ARTICLE 1

Constitution

The Red Cross was founded on (date)..... Its constitution is based on the Geneva Convention, to which..... is a Party, and on the fundamental principles of the Red Cross, namely:

Humanity: The Red Cross, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours—in its international and national capacity—to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being.

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It promotes mutual understanding, friendship, co-operation and lasting peace amongst all peoples.

Impartiality: It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality: In order to continue to enjoy the confidence of all, the Red Cross may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence: The Red Cross is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with Red Cross principles.

Voluntary service: The Red Cross is a voluntary relief organization not promoted in any manner by desire for gain.

Unity: There can be only one Red Cross Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality: The Red Cross is a world-wide institution in which all Societies have equal status and share equal responsibilities and duties in helping each other.

The Red Cross is a legally constituted association. It possesses legal status. Its term of existence is unlimited. Its headquarters is located at (name of capital).

ARTICLE 2

National and International Character

The Red Cross is officially recognized by the Government as a voluntary relief Society, auxiliary to the public authorities, and particularly to the Medical Services of the Armed Forces in accordance with provisions of the First Geneva Convention, and as the only National Red Cross Society which may carry out its activities in territory.

In relation to the public authorities the Red Cross maintains an autonomy which allows it to act at all times in accordance with the fundamental principles of the Red Cross.

The Red Cross, which was recognized by the International Committee of the Red Cross (date) is part of the International Red Cross. It is a member of the League of Red Cross Societies.

ARTICLE 5

General Object and Principal Aims

The general object of the Red Cross is to prevent and alleviate suffering with complete impartiality, making no discrimination as to nationality, race, sex, religious beliefs, class or political opinions.

For this purpose its task is in particular:

- to act in case of armed conflict, and in peace prepare to act in all the fields covered by Geneva Conventions and on behalf of all war victims, both civilian and military;
- (2) to contribute to the improvement of health, the prevention of disease and the mitigation of suffering by programmes of training and services for the benefit of the community, adapted to national and local needs and circumstances;
- (3) to organize, within the scope of the national plan, emergency relief services for the victims of disasters, howsoever caused;
- (4) to recruit, train and assign such personnel as are necessary for the discharge of its responsibilities:
- (5) to promote the participation of children and young people in the work of the Red Cross;
- (6) to propagate the humanitarian principles of the Red Cross in order to develop among the population, and in particular among children and youth, the ideals of peace, mutual respect and understanding among all men and all peoples.

ARTICLE 6

Membership of the Society

Membership of the Red Cross is open to everyone without any discrimination based on race, sex, class, religion or political opinions.

There are acting, subscribing and honorary members.

ARTICLE 15

Composition

- The Red Cross is controlled and administered by a Central Committee composed:
- (1) of ... members elected by the General Assembly, ... of these shall retire and be replaced at each General Assembly;
- (2) of the chairmen of Regional Committees;
- (3) of ... members, appointed by the different government departments particularly interested in the work of the Red Cross;
- (4) of ... outstanding personalities chosen by the Central Committee for their special qualifications or because of their interest in the Red Cross.

The term of office of members of the Central Committee is ... years. It may be renewed.

ARTICLE 16

Powers

Subject to the provisions of Articles ... and ... and within the framework of the decisions and general directives adopted by the

General Assembly, the Central Committee is vested with all the powers necessary for carrying out the aims of the Red Cross:

It elects or provides for the election of the President, the Vice Presidents, the Treasurer, the Managing Committee and the Finance Commission.

It appoints and agrees the terms of service of the Secretary General (or Director General).

It provides for the setting up and dissolution of Regional and Local Committees.

It draws up, approves or amends all regulations which are necessary in order to give effect to the present Statutes.

It sets up the committees or commissions which it deems desirable or necessary for carrying out these tasks.

It votes on measures taken by the Managing Committee or President between its sessions.

It appoints the Governor representing the Red Cross on the Board of Governors of the League of Red Cross Societies.

ARTICLE 35

Relations and Actions

The Red Cross is party to the solidarity which unites all members of the International Red Cross, National Societies and international organizations of the Red Cross, and maintains continuous relations with them.

It participates to the extent of the means available in international actions of the Red Cross.

COURSES ON THE LAW OF ARMED CONFLICTS

Since 1969, the International Institute of Human Rights (René Cassin Foundation) has held courses on human rights at the University of Strasbourg during the first three weeks of July. This year, however, with the co-operation of the Henry Dunant Institute and the ICRC, the syllabus was extended to include special courses on the law of armed conflicts. These courses, which were followed with keen interest by 140 students from sixty different countries, were endorsed by examinations.

The aim pursued was to outline the law of armed conflicts as fully as possible. Thus, under the general heading of "International Protection of Human Rights", Mr. Jean Pictet, Vice-President of the ICRC, gave a course on Le droit humanitaire et la protection des victimes de la guerre. Four courses were held under the heading "Human Rights and the Law of Armed Conflicts". Mr. Pierre Boissier, Director of the Henry Dunant Institute, dealt with Fondements philosophiques et historiques du droit des conflits armés, Mr. Frits Kalshoven with The Law of War and Human Rights, Mr. Jaroslav Zourek with Droits de l'homme et interdiction de l'usage de la force en droit international, and Mr. Karel Vasak with The Law of Armed Conflicts and Human Rights.

Several National Red Cross Societies were interested in the courses as a means of training instructors, and sent a member of their staff to Strasbourg. Partly in response to their wishes, the Henry Dunant Institute will now have these courses on the law of armed conflicts published in one of its collections.

An experience so auspiciously started must be continued. It has therefore been decided that five courses of five hours, followed by seminars, will be held on the law of armed conflicts next year. They will relate, *inter alia*, to the protection of civilians, non-international conflicts, the national and international repression of breaches of humanitarian law, and the ICRC and its delegations.

NEW INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

The new headquarters of the International Agency for Research on Cancer was inaugurated at Lyon (France) last June. It comprises a 15-storey tower block with laboratories, conference rooms, offices, and a separate circular auditorium. The administration and research work are directed and supervised by highly qualified scientists from the ten founder countries, and a few others, under the general authority of the World Health Organization. The ten countries which finance the Agency's activities are Australia, Belgium, the Federal Republic of Germany, France, Italy, Japan, the Netherlands, the United Kingdom, the United States of America and the USSR.

At the inauguration, the President of the French Republic delivered an address in which he said that, although major discoveries could be made in national science laboratories, some research, particularly epidemiological, could be undertaken only on a world scale. "The Agency is therefore a model of international co-operation", he continued, "not only because of its origin—it was established by the World Health Assembly on 20 May 1965—, not only because of its administrative and scientific set-up, but also because of the universality of its vocation, which it has affirmed by setting up regional centres in Nairobi and Singapore and by specializing in epidemiological research covering an enormous geographical area.

International co-operation on such a scale is completely justified by the sheer dimensions of the scourge of cancer. Cancer is now one of the main causes of death."

BOOKS AND REVIEWS

EMILIO POITEVIN: "VUESTRA CRUZ ROJA"1

The author of this book, who carried out important and effective functions in the Guatemalan Red Cross, is now Honorary President and Medical Adviser of that National Society. He therefore knows full well the practical problems that beset the Red Cross in its task and the scope and difficulties of humanitarian action. Yet, with great breadth of vision, he has also made it the subject of reflection on the meaning of Henry Dunant's humanitarian act, on the value of his example and of the example of others who have devoted themselves to serving humanity: Florence Nightingale, Clara Barton, Anna Nery...

The book which he has dedicated to the Red Cross will therefore be read with great interest, as may be gathered from some of the chapter headings: the origins of the humanitarian concept, the Geneva Conventions, the Red Cross doctrine, a history of the Red Cross in Guatemala, women and the work of the Red Cross, the future of the Red Cross, the Red Cross and civil protection.

This small volume will allow everyone to learn about the various activities of the Red Cross and the opportunity it provides of showing active human solidarity and helping the suffering. The book contains a number of illustrations relating to the history of humanitarianism and Guatemalan Red Cross activities.

J.-G. L.

New Hope for the Aged, World Health, Geneva, April 1972.

The problem of caring for the aged has taken on new dimensions in the 20th century. As the quality of medical practice improves and as preventive medicine plays a more important role in our lives, the proportion of old people in our society increases. The result is an evergrowing number of old people—who may lack purpose, direction or hope.

Often, in its eagerness to prolong life, society has neglected to utilize the vast potential of the aged. In some respects we have taken a step

¹ Editorial José de Pineda Ibarra, Ministerio de Educación, Guatemala, 1971, 103 pp.

backwards. Primitive man revered age. The octogenarian was the village wise man. In agrarian societies, the aged played important economic and social roles as long as they were physically able to do so. They were not a problem—they were considered an asset.

Often in 20th-century society those who are too old to keep up with the industrial pace are shunted to one side; those who are able to perform useful work are forced to leave their jobs because of arbitrary retirement policies.

Fortunately, many are beginning to recognize the problem and to come to grips with it. Although knowledge about aging and the aged is limited, efforts are made to design programmes and policies for the oldage population concerning employment, income, security, health, social welfare, education and such community services as employment counselling, and information and referral service. These programmes and policies are not meant for the exclusive use of older people; they are also at the disposal of other groups in society...

We are beginning to examine the positive contributions the aged can make to society. Economic and technological factors of employment of older workers, their pre-retirement and post-retirement programmes, income, security, social problems related to their mental health, the use of their leisure time, and their integration into community life are being nvestigated. . .

Alternative Methods of Vector Control, WHO Chronicle, 1971, No. 5.

Hitherto the control of insect vectors has depended mainly on chemicals. However, the development of insecticide resistance among many vector species and the destruction of their natural enemies have served to increase rather than reduce the necessity for insecticides, so that a method intended to be temporary has become permanent. Increasing attention has therefore been paid to developing alternative methods of control that will not pollute the environment, that will act only (or mainly) on the target species, and that will avoid the problem of resistance.

The great difficulty with these alternative methods is that they require an adequate supply of staff trained in biological principles and entomological techniques and would thus increase the demands made on the resources of developing countries. On the other hand, they would depend less on equipment and supplies purchased from developed countries and so might prove to be more economical in the long run...

EXTRACT FROM THE STATUTES OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON 25 SEPTEMBER 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.1

- ART. 2. As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.
- ART. 3. The headquarters of the ICRC shall be in Geneva. Its emblem shall be a red cross on a white ground. Its motto shall be "Inter arma caritas".
 - ART. 4. The special role of the ICRC shall be:
- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

¹ The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in cooperation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its role as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

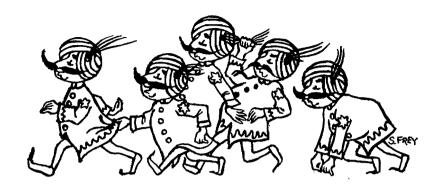
THE GENEVA CONVENTIONS OF AUGUST 12, 1949 1

Some Publications

	Sw. Fr.
The Geneva Conventions of August 12, 1949. 2nd Ed. 1950. 245 pp.	10.—
Commentary published under the general editorship of Mr. J. Pictet, member of ICRC:	
 Vol. 1: Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field — 466 pp. 	
bound paper-back	40.— 30.—
 Vol. 2: Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea — 320 pp. 	
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International Red Cross Handbook. ² Conventions—Statutes and Regulations—Resolutions of the International Conference of the Red Cross and of the Board of Governors of the League of Red Cross Societies, 11th ed. 1971; 8vo, 607 p	40

¹ These publications and the full list of ICRC publications may be obtained from the ICRC Documentation Department, 7 avenue de la Paix, CH-1211 Geneva 1.

² This joint publication can be obtained at the above address or from the League of Red Cross Societies, Case postale 2099, CH-1211 Geneva 19.



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- AFGHANISTAN Afghan Red Crescent, Puli Artan. Kabul.
- ALBANIA Albanian Red Cross, 35, Rruga e Barrikadavet, *Tirana*.
- ALGERIA Central Committee of the Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, Algiers.
- ARGENTINA Argentine Red Cross, H. Yrigoyen 2068, Buenos Aires.
- .AUSTRALIA Australian Red Cross, 122-128 Flinders Street, Melbourne, C. 1.
- AUSTRIA Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, Vienna IV.
- BELGIUM Belgian Red Cross, 98 Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA Bolivian Red Cross, Avenida Simón Bolívar, 1515 (Casilla 741), La Paz.
- BOTSWANA Botswana Red Cross Society, Independence Avenue, P.O. Box 485, Gaberones.
- BRAZIL Brazilian Red Cross, Praça Cruz Vermelha 10-12, Rio de Janeiro.
- BULGARIA Bulgarian Red Cross, 1, Boul. S. S. Biruzov, Sofia.
- BURMA Burma Red Cross, 42 Strand Road, Red Cross Building, Rangoon.
- BURUNDI Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, Bujumbura.
- CAMEROON Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, Yaoundé.
- CANADA Canadian Red Cross, 95 Wellesley Street East, Toronto 284 (Ontario).
- CEYLON Ceylon Red Cross, 106 Dharmapala Mawatha, Colombo VII.
- CHILE Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., Santiago de Chile.
- CHINA Red Cross Society of China, 22 Kanmien Hutung, Peking, E.
- COLOMBIA Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, Bogotá D.E.
- COSTA RICA Costa Rican Red Cross, Calle 5a, Apartado 1025, San José.
- CUBA Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA Czechoslovak Red Cross, Thunovska 18, Prague I.
- DAHOMEY Red Cross Society of Dahomey, P.O. Box 1, Porto Novo.
- DENMARK Danish Red Cross, Ny Vestergade 17, DK-1471 Copenhagen K.
- DOMINICAN REPUBLIC Dominican Red Cross, Calle Juan Enrique Dunant, Ensanche Miraflores, Apartado Postal 1293, Santo Domingo.
- ECUADOR Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, Quito.
- EGYPT (Arab Republic of) Egyptian Red Crescent Society, 34 rue Ramses, Cairo.
- EL SALVADOR El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, San Salvador.
- ETHIOPIA Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, Addis Ababa.

- FINLAND Finnish Red Cross, Tehtaankatu 1 A, Box 14168, Helsinki 14.
- FRANCE -- French Red Cross, 17 rue Quentin Bauchart, F-75384 Paris, CEDEX 8.
- GERMANY (Dem. Republic) German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, Dx 801 Dresden 1.
- GERMANY (Federal Republic) German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, Bonn 1, Postfach (D.B.R.).
- GHANA Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, Accra.
- GREAT BRITAIN British Red Cross, 9 Grosvenor Crescent, London, S.W.1 X 7 EJ.
- GREECE Hellenic Red Cross, rue Lycavittou 1, Athens 135.
- GUATEMALA Guatemalan Red Cross, 3ª Calle 8-40, Zona 1, Ciudad Guatemala.
- GUYANA Guyana Red Cross, P.O. Box 351, Eve Leary, Georgetown.
- HAITI Haiti Red Cross, Place des Nations Unies, B.P. 1337, Port-au-Prince.
- HONDURAS Honduran Red Cross, Calle Henry Dunant 516, Tegucigalpa.
- HUNGARY Hungarian Red Cross, Arany Janos utca 31, Budapest V.
- ICELAND Icelandic Red Cross, Øldugøtu 4, Post Box 872, Reykjavik.
- INDIA Indian Red Cross, 1 Red Cross Road, New Delhi 1.
- INDONESIA Indonesian Red Cross, Djalan Abdulmuis 66, P.O. Box 2009, Djakarta.
- IRAN Iranian Red Lion and Sun Society, Avenue Ark, Tehran.
- IRAQ Iraqi Red Crescent, Al-Mansour, Baghdad.
- IRELAND Irish Red Cross, 16 Merrion Square, Dublin 2.
- ITALY Italian Red Cross, 12 via Toscana, Rome.
- IVORY COAST Ivory Coast Red Cross Society, B.P. 1244, Abidjan.
- JAMAICA Jamaica Red Cross Society, 76 Arnold Road, Kingston 5.
- JAPAN Japanese Red Cross, 1-1-5 Shiba Daimon, Minato-Ku, Tokyo 105.
- JORDAN Jordan National Red Crescent Society, P.O. Box 10 001, Amman.
- KENYA Kenya Red Cross Society, St Johns Gate, P.O. Box 40712, Nairobi.
- KHMER REPUBLIC Khmer Red Cross, 17 Vithei Croix-Rouge khmere, P.O.B. 94, Phnom-Penh.
- KOREA (Democratic People's Republic) Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, Seoul.
- KUWAIT Kuwait Red Crescent Society, P.O. Box 1359, Kuwait.

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- LAOS Lao Red Cross, P.B. 650, Vientiane.
 LEBANON Lebanese Red Cross, rue Général Spears, Beirut.
- LESOTHO Lesotho Red Cross Society, P.O. Box 366, Maseru.
- LIBERIA Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226. Monrovia.
- LIBYAN ARAB REPUBLIC Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, Benghazi.
- LIECHTENSTEIN Liechtenstein Red Cross, FL-9490 Vaduz.
- LUXEMBOURG Luxembourg Red Cross, Parc de la Ville, C.P. 1806, Luxembourg.
- MADAGASCAR Red Cross Society of Madagascar, rue Clémenceau, P.O. Box 1168, Tananarive.
- MALAWI Malawi Red Cross, Hall Road, Box 247, Blantyre.
- MALAYSIA Malaysian Red Cross Society, 519 Jalan Belfield, Kuala Lumpur.
- MALI Mali Red Cross, B.P. 280, route de Koulikora, Bamako.
- MEXICO Mexican Red Cross, Avenida Ejército Nacional nº 1032, México 10, D.F.
- MONACO Red Cross of Monaco, 27 boul. de Suisse, Monte Carlo.
- MONGOLIA Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, Ulan Bator.
- MOROCCO Moroccan Red Crescent, rue Benzakour, B.P. 189, Rabat.
- NEPAL Nepal Red Cross Society, Tripureshwar, P.B. 217, Kathmandu.
- NETHERLANDS Netherlands Red Cross, 27 Prinsessegracht, The Hague.
- NEW ZEALAND New Zealand Red Cross, Red Cross House, 14, Hill Street, Wellington 1. (P.O. Box 12-140, Wellington North).
- NICARAGUA Nicaraguan Red Cross, 12 Avenida Noroeste 305, Managua, D.N.
- NIGER Red Cross Society of Niger, B.P. 386, Niamey.
- NIGERIA Nigerian Red Cross Society, Eko Akete Close, off St. Gregory Rd., Onikan, P.O. Box 764, Lagos.
- NORWAY Norwegian Red Cross, Parkveien 33b, Oslo.
- PAKISTAN Pakistan Red Cross, Dr Dawood Pota Road, Karachi 4.
- PANAMA Panamanian Red Cross, Apartado 668, Zona 1, Panamá.
- PARAGUAY Paraguayan Red Cross, calle André Barbero y Artigas 33, Asunción.
- PERU Peruvian Red Cross, Jirón Chancay 881, Lima.
- PHILIPPINES Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, Manila D-406.
- POLAND Polish Red Cross, Mokotowska 14, Warsaw.
- PORTUGAL Portuguese Red Cross, Jardim 9 de Abril, 1 a 5, Lisbon 3.
- ROMANIA Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, Bucarest.

- SAN MARINO San Marino Red Cross, Palais gouvernemental, San Marino.
- SAUDI ARABIA Saudi Arabian Red Crescent, Rivadh.
- SENEGAL Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, Dakar.
- SIERRA LEONE Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, Freetown.
- SOMALI REPUBLIC Somali Red Crescent Society, P.O. Box 937, Mogadishu.
- SOUTH AFRICA South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, Johannesburg.
- SPAIN Spanish Red Cross, Eduardo Dato 16, Madrid 10.
- SUDAN Sudanese Red Crescent, P.O. Box 235, Khartoum.
- SWEDEN Swedish Red Cross, Artillerigatan 6, 10440, Stockholm 14.
- SWITZERLAND Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 Berne.
- SYRIA Syrian Red Crescent, Bd Mahdi Ben Barake, Damascus.
- TANZANIA Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, Dar es Salaam.
- THAILAND Thai Red Cross Society, King Chulalongkorn Memorial Hospital, Bangkok.
- TOGO Togolese Red Cross Society, 51, rue Boko Soga, P.O. Box 655, Lomé
- TRINIDAD AND TOBAGO Trinidad and Tobago Red Cross Society, 105, Woodford Street, P.O. Box 357, Port of Spain.
- TUNISIA Tunisian Red Crescent, 19 rue d'Angleterre, Tunis.
- TURKEY Turkish Red Crescent, Yenisehir, Ankara.
- UGANDA Uganda Red Cross, Nabunya Road, P.O. Box 494, Kampala.
- UPPER VOLTA Upper Volta Red Cross, P.O.B. 340, Ouagadougou.
- URUGUAY Uruguayan Red Cross, Avenida 8 de Octubre 2990, Montevideo.
- U.S.A. American National Red Cross, 17th and D Streets, N.W., Washington 6, D.C.
- U.S.S.R. Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, Moscow W-36.
- VENEZUELA Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, Caracas.
- VIET NAM (Democratic Republic) Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Trièu, Hanoi.
- VIET NAM (Republic) Red Cross of the Republic of Viet Nam, 201 duong Hông-Tháp-Tu, No. 201, Saigon.
- YUGOSLAVIA Red Cross of Yugoslavia, Simina ulica broj 19, Belgrade.
- ZAIRE (Republic of) Red Cross of the Republic of Zaire, 41 av. de la Justice, P.O. Box 1712, Kinshasa.
- ZAMBIA Zambia Red Cross, P.O. Box R.W.1, Ridgeway, Lusaka.